

ELECTRONIC SUBMITTAL PASSWORD REVOCATION FORM FOR REMOVING CONSULTANTS AS AUTHORIZED RP AGENTS

FACILITY GLOBAL ID #:

TANK OWNER, OPERATOR, OR RESPONSIBLE PERSON AND ADDRESS::

FACILITY/ LEAK SITE ADDRESS: CITY STATE ZIP CODE

The above identified responsible person does hereby revoke the authorization for:

DESIGNATED AUTHORIZED REPRESENTATIVE NAME:

COMPANY NAME:

COMPANY ADDRESS CITY STATE ZIP CODE

to use the password issued for the electronic submission to the GeoTracker database of laboratory and location data pertaining to the facility/site identified above.

This Revocation of Authority for designation of a representative shall become effective on the date of execution and shall remain in effect until terminated, in writing, by the above-named responsible person.

EXECUTED THIS _____ DAY OF _____, 20 _____

AT _____

RESPONSIBLE PERSON SIGNATURE

PHONE NUMBER

RESPONSIBLE PERSONS PRINTED NAME

To begin electronic data submittal process,
obtain password and login at:
<https://geotracker.swrcb.ca.gov/ab2886>.
Connection may take up to a minute as the
secure site is established. Please accept
certificate to allow process to continue. Mail
for FAX completed and signed form within 2
weeks.

Mail or FAX to:
Deanna Flanagin
SWRCB – DCWP
P.O. Box 944212
Sacramento, CA 94244
FAX: (916) 341-5808